PATENT APPLICATION FEE DETERMINATION RECORD 69/9552+3 Effective October 1, 2000							
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE C OR SMALL ENTITY							
TOTAL CLAIMS	26		. RA	F. FEE.		RATE	FEE
FOR NUMBER FILED		MANBER EXTE	A BASK	FEE 355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	24 minus 20- ' (a		XS	9- 57	OR	X\$18=	
PUDEPENDENT CLAIMS	/ minus 3 =		X4	0 -	OR	X80=	
MULTIPLE DEPENDENT CLAIM P		50	OR	+270=			
* If the difference in column 1 is less than zero, enter " in column 2 TOTAL ZD Z OR TOTAL							
CLAIMS AS AMENDED - PART II (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY							
(Column 1)		mn 2) (Cotun	<u> </u>	ATT ENITTY	OR	SMALL	MILLA :
REMAINING AFTER THEMOLEGICAL	NU. PREV	BER PRESI		TE TIONAL FEE		RATE	ADDI- TIONAL FEE
1 Total . 27.	Mires -	26 = 1	xs	25:00	1	X\$18=	
fridependent • 2	Minus	· P	XÁ		OR	X80=	12. (S.)
RIPEST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +1359 OR .270m.							
TOTAL OC OR TOTAL							
ADDIT. FEE ZOLD 17 ADDIT. FEE ZOLD 17 ADDIT. FEE ZOLD 17 ADDIT. FEE							
CLAIRS REMAINING AFTER	NUA PREV	HEST HESER PRESI		ADDI- TE TIONAL FEE		ŔATE	ADDI- TIONAL FEE
total 24	· Minus ·· O	27	- xs		OR	X\$18e	
	Minus ***	3	XÃ	0=	OR	X80=	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135a OR +270a							
101/4							
ADDIT. FEE ADDIT. FEE ADDIT. FEE STANDAY, FEEL STANDAY, FE							
CLAIRS REMAINING AFTER	NUI PREV	HEST HEER PRES HOUSLY EXT		ADDI- TE TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT Total Independent Independent	Mirrus 🐑	// = -	X\$		OR	X\$18=	
Independent •	Minus •••	<u> </u>	X4	»	OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270=							
of the nature is column to be less than the entire in column 2, write 'V' in column 3.							
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, order "20." The "Highest Number Previously Paid For" (Noted or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

FORM PTO-UTE

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